

SUPERIOR COURT OF ARIZONA, COUNTY OF

Petitioner

Respondent

Case No.

ATLAS No.

THE COURT FINDS that:

1. Jurisdiction.

2. _____ and _____
owe a duty to support the following children:

3. Mother.

4. Paternity.

5. Presumptive Father.

6. Custody.

7. Child Support Guidelines.

The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Child Support Worksheet, attached and incorporated herein by reference.

8. Child Support.

i is obligated to pay child support to
pursuant to the Arizona Child Support Guidelines in the amount of per month without deviation.

9. Past Support.

10. Arrears.

11. Past Care Expenses.

12. Parent Information Program.

IT IS ORDERED that:

1. Paternity.

2. Birth Certificate.

3. **Presumptive Father.**

4. **Custody.**

5. **Child Support.**

6. **Past Support.**

7. **Arrearage Judgment.**

8. **Past Care Expenses.**

9. **Clearinghouse Payments.**

All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, the obligor remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

**Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107**

Payments must include the **obligor's name, ATLAS number, and Social Security Number.**

Pursuant to A.R.S. §25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Payment Clearinghouse immediately. The obligor shall submit the names and addresses of their employers or other payors within 10 days. The parties shall submit address changes within 10 days of the change.

10. Medical, Dental and Vision Insurance, Non-Covered Expenses, and Cash Medical Support Insurance: (A.R.S. § 25-320(J))

Non-Covered Expenses

Father is ordered to pay _____ % and Mother is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision, prescription and other health care charges for the minor child(ren), including co-payments in excess of the cash medical support amount.

Cash Medical Support Order When Obligor is Ordered to Obtain Medical Insurance: (A.R.S. § 25-320(K))

This a Title IV-D child support matter in which DCSE is involved.

11. Travel Expenses

12. Other Findings and Orders

13. Information Exchange.

The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.

14. Federal Tax Exemption.

The court allocates the federal tax exemption for the dependent child to as follows:

For any years following those listed above while this Child Support Order remains in effect, the parties shall repeat the above pattern of claiming deductions for each child.

IMPORTANT INFORMATION:

15. **Modification.** If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.
16. **Emancipation.** Although the obligation to pay support may continue, a child is emancipated:
 - On the date of the child's marriage.
 - On the child's 18th birthday and graduation from high school or age 19 (whichever comes first).
 - When the child is adopted.
 - When the child dies.
17. The State and each party in a IV-D case has the right, once every three years, to request that the Division of Child Support Enforcement (DCSE) conduct a review of this child support order without a specific showing of a changed circumstance that is substantial and continuing. If appropriate, the Department of Economic Security may file an action in Superior Court to adjust the support amount in accordance with the Arizona Child Support Guidelines. To request a review and adjustment, a party should submit a written request referencing the ATLAS number to DCSE, P. O. Box 40458, Phoenix, Arizona 85067.

STIPULATION

SIGNATURE BY PETITIONER AND RESPONDENT:

By signing this document, we state to the Court, under penalty of perjury, that we have read and agree to this Order and that all the information contained in it is true, correct and complete to the best of our knowledge and belief.